

SERFF Tracking Number:	ASWX-126179106	State:	Arkansas
Filing Company:	Union Security Insurance Company	State Tracking Number:	42589
Company Tracking Number:	DNAR00988U1F01		
TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
Product Name:	Group Indemnity Dental		
Project Name/Number:	Group Indemnity Dental/DN AR00988U1F01		

Filing at a Glance

Company: Union Security Insurance Company

Product Name: Group Indemnity Dental

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Filing Type: Form

SERFF Tr Num: ASWX-126179106 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 42589

Co Tr Num: DNAR00988U1F01

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Author: SPI

Disposition Date: 06/09/2009

AssurantHealthandEmployeeBenef

Date Submitted: 06/05/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 11/01/2009

Implementation Date:

State Filing Description:

General Information

Project Name: Group Indemnity Dental

Project Number: DN AR00988U1F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/09/2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Other

Explanation for Other Group Market Type:

Other-ALL Eligible Groups Except Credit

State Status Changed: 06/09/2009

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

We enclose for filing the group insurance forms described below. These are new forms and are not intended to replace any forms previously filed.

PC-DEN-282: Group Policy-Certificate endorsement form for use with Group Policy Form GP 90 and Group Certificate Form GC 90. This form modifies Form DENTAL 94, previously approved by your Department to be used with GP 90

<i>SERFF Tracking Number:</i>	<i>ASWX-126179106</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>42589</i>
<i>Company Tracking Number:</i>	<i>DNAR00988U1F01</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Indemnity Dental</i>		
<i>Project Name/Number:</i>	<i>Group Indemnity Dental/DN AR00988U1F01</i>		

and GC 90.

PC-DEN-283: Group Policy-Certificate endorsement form for use with Group Policy Form GP-90 and Group Certificate Form GC-90. This form modifies Form DENTAL 94, previously approved by your Department to be used with GP-90 and GC-90.

PC-DEN-284: Group Policy-Certificate endorsement form for use with Group Policy Form GP-90 and Group Certificate Form GC-90. This form modifies Form DENTAL V2, previously approved by your Department to be used with GP-90 and GC-90.

PC-DEN-285: Group Policy-Certificate endorsement form for use with Group Policy Form GP-90 and Group Certificate Form GC-90. This form modifies Form DENTAL V2, previously approved by your Department to be used with GP-90 and GC-90.

These forms will be used to provide a new optional benefit called the "Preventive Maximum Waiver" under our group indemnity dental plans. If the group policyholder elects the Preventive Maximum Waiver, benefits paid for Preventive Dental Services will not be applied to the any of the annual maximums under the plan.

Please note that for new issues and reissues, the language from Forms PC-DEN-282 and PC-DEN- 283 will be incorporated into form DENTAL 94, and the language from Forms PC-DEN-284 and PC-DEN-285 will be incorporated into form DENTAL V2. The form numbers will reflect this incorporation.

We trust that you will find everything in order and look forward to your response. If you have any questions regarding this submission, please contact me at the e-mail address or phone number provided below.

Company and Contact

Filing Contact Information

Angela Gilsinn, Group Contract Analyst	angie.gilsinn@assurant.com
2323 Grand Blvd	(816) 556-7651 [Phone]
Kansas City, MO 64108	(816) 881-8755[FAX]

Filing Company Information

<i>SERFF Tracking Number:</i>	<i>ASWX-126179106</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>42589</i>
<i>Company Tracking Number:</i>	<i>DNAR00988U1F01</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Indemnity Dental</i>		
<i>Project Name/Number:</i>	<i>Group Indemnity Dental/DN AR00988U1F01</i>		
Union Security Insurance Company	CoCode: 70408	State of Domicile: Iowa	
2323 Grand Blvd	Group Code: 19	Company Type:	
Kansas City, MO 64108	Group Name:	State ID Number:	
(800) 800-1212 ext. [Phone]	FEIN Number: 810170040		

SERFF Tracking Number: ASWX-126179106 *State:* Arkansas
Filing Company: Union Security Insurance Company *State Tracking Number:* 42589
Company Tracking Number: DNAR00988U1F01
TOI: H10G Group Health - Dental *Sub-TOI:* H10G.000 Health - Dental
Product Name: Group Indemnity Dental
Project Name/Number: Group Indemnity Dental/DN AR00988U1F01

Filing Fees

Fee Required? Yes
Fee Amount: \$80.00
Retaliatory? No
Fee Explanation: Filing fee is \$20 per forms. 4 forms x \$20 = \$80.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Union Security Insurance Company	\$80.00	06/05/2009	28396070

<i>SERFF Tracking Number:</i>	<i>ASWX-126179106</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>42589</i>
<i>Company Tracking Number:</i>	<i>DNAR00988U1F01</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Indemnity Dental</i>		
<i>Project Name/Number:</i>	<i>Group Indemnity Dental/DN AR00988U1F01</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/09/2009	06/09/2009

<i>SERFF Tracking Number:</i>	<i>ASWX-126179106</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>42589</i>
<i>Company Tracking Number:</i>	<i>DNAR00988U1F01</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Indemnity Dental</i>		
<i>Project Name/Number:</i>	<i>Group Indemnity Dental/DN AR00988U1F01</i>		

Disposition

Disposition Date: 06/09/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ASWX-126179106</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>42589</i>
<i>Company Tracking Number:</i>	<i>DNAR00988U1F01</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Indemnity Dental</i>		
<i>Project Name/Number:</i>	<i>Group Indemnity Dental/DN AR00988U1F01</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Endorsement	Approved-Closed	Yes
Form	Endorsement	Approved-Closed	Yes
Form	Endorsement	Approved-Closed	Yes
Form	Endorsement	Approved-Closed	Yes

SERFF Tracking Number: ASWX-126179106 State: Arkansas

Filing Company: Union Security Insurance Company State Tracking Number: 42589

Company Tracking Number: DNAR00988U1F01

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: Group Indemnity Dental

Project Name/Number: Group Indemnity Dental/DN AR00988U1F01

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	PC-DEN-282	Certificate	Endorsement Amendmen t, Insert Page, Endorseme nt or Rider	Initial		62	PC-DEN-282.PDF
Approved-Closed	PC-DEN-283	Certificate	Endorsement Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	PC-DEN-283.PDF
Approved-Closed	PC-DEN-284	Certificate	Endorsement Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59	PC-DEN-284.PDF
Approved-Closed	PC-DEN-285	Certificate	Endorsement Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	PC-DEN-285.PDF

**ENDORSEMENTS [AND AMENDMENTS
(to be attached to the Certificate)]**

[Policy Number: G 0000]

Policyholder: The ABC Company

Amendment #1: Effective July 1, 2009, the *policy* is amended as follows:]

1. The Benefit Year Maximum provision as it appears in the DENTAL INSURANCE pages is modified to read as follows:

Benefit Year Maximum


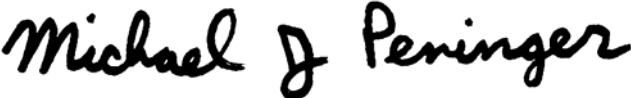
The maximum benefit payable to you [and each *covered dependent*] during a *benefit year* is shown in the Schedule. This maximum will apply even if coverage for you [or a *covered dependent*] ends and starts again within the same *benefit year* [or if you or a *covered dependent* have been covered both as an employee and a dependent]. Benefits paid for Class I: Preventive Dental Services [and Class IV: Orthodontic Services] will not be applied to the Benefit Year Maximum.

2. The Benefit Maximums section of the Schedule of Insurance is modified to read:

Benefit Maximums:	[PPO Plan] [(In-Network Plan)]	[Non-PPO Plan] [(Out-of-Network Plan)]
Benefit Year Maximum:	[\$1,000]	[\$1,000]
[Overall Benefit Maximums:]		
[Class IV Orthodontic Services:]	[\$1,000]	[\$1,000]

[Amounts applied to the benefit maximums will apply to both the PPO Plan and Non-PPO Plan maximums.]

Covered dental expenses incurred for Class I [In-Network or Out-of-Network] Dental Services will not be applied to the Benefit Year Maximum.

UNION SECURITY INSURANCE COMPANY	
 Assistant Secretary	 Executive Vice-President
Attest:	
Registrar	

Signed at _____	Accepted _____
Date _____	_____
Witness _____	_____
	(signature and title)

**ENDORSEMENTS [AND AMENDMENTS
(to be attached to the Certificate)]**

[Policy Number: G 0000]

Policyholder: The ABC Company

Amendment #1: Effective July 1, 2009, the *policy* is amended as follows:]

1. The Individual Benefit Year Maximum provision as it appears in the DENTAL INSURANCE pages is modified to read:

Individual Benefit Year Maximum

If you have no *covered dependents*, the Individual Benefit Year Maximum shown in the Schedule is the maximum benefit payable to you during a *benefit year*. This maximum will apply even if your coverage ends and starts again within the same *benefit year* or if you have been covered both as an employee and a dependent. Any amounts paid to you under the Family Share Maximum will be applied to the Individual Benefit Year Maximum if you terminate your *covered dependents* under this *policy* within the same *benefit year*. Benefits paid for Class I: Preventive Dental Services [and Class IV: Orthodontic Dental Services] will not be applied to the Individual Benefit Year Maximum.

2. The Family Share Maximum provision as it appears in the DENTAL INSURANCE pages is modified to read:

Family Share Maximum



If you have one or more *covered dependents*, the Family Share Maximum will apply to your *family unit*. The Family Share Benefit Year Maximum shown in the Schedule is the maximum benefit payable to your family unit either as an individual or as a combined family unit during a *benefit year*. Once the Family Share Maximum benefit has been paid during a *benefit year* to an individual or any combination of the *family unit*, there will be no further benefits payable for covered dental expenses incurred by any person in your *family unit* for the remainder of that *benefit year*. Any amounts paid under this *policy* will be applied to this maximum even if coverage for you or a *covered dependent* ends and starts again under the *policy* within the same *benefit year* or if you or a *covered dependent* have been covered both as an employee and a dependent. Any amounts paid under the Individual Benefit Year Maximum or the Family Share Maximum will be applied to the Family Share Maximum if you add or terminate one or more *covered dependents* to or from this *policy* or change from the Individual Benefit Year Maximum to the Family Share Maximum within the same *benefit year*. Benefits paid for Class I: Preventive Dental Services [and Class IV: Orthodontic Dental Services] will not be applied to the Family Share Maximum benefit.

3. The Benefit Maximums section of the Schedule of Insurance is modified to read:

Benefit Maximums:	[PPO Plan] [(In-Network Plan)]	[Non-PPO Plan] [(Out-of-Network Plan)]
Individual Benefit Year Maximum:	[\$1,000]	[\$1,000]
Family Share Benefit Year Maximums:		
Level of Coverage Elected:		
[Employee and Spouse:]	[\$2,000]	[\$2,000]
[Employee and Child(ren):]	[\$2,000]	[\$2,000]
[Employee, Spouse and Child(ren):]	[\$3,000]	[\$3,000]
[Overall Benefit Maximums:]		
[Class IV Orthodontic Services:]	[\$1,000]	[\$1,000]

[Amounts applied to the benefit maximums will apply to both the PPO Plan and Non-PPO Plan maximums.]

Covered dental expenses incurred for Class I [In-Network or Out-of-Network] Dental Services will not be applied to the Individual Benefit Year Maximum and Family Share Benefit Year Maximums.

<div>UNION SECURITY INSURANCE COMPANY</div> <div> Assistant Secretary</div> <div> Executive Vice-President</div> <div>Attest:</div> <div>Registrar</div>	
Signed at _____	Accepted _____
Date _____	_____
Witness _____	_____
	(signature and title)

**ENDORSEMENTS [AND AMENDMENTS
(to be attached to the Certificate)]**

[Policy Number: G 0000]

Policyholder: The ABC Company

Amendment #1: Effective July 1, 2009, the *policy* is amended as follows:]

1. The Policy Year Maximum provision as it appears in the DENTAL INSURANCE pages is modified to read:

Policy Year Maximum

The maximum benefit payable to you [and each *covered dependent*] during a *policy year* is shown in the Schedule. This maximum will apply even if coverage for you [or a *covered dependent*] ends and starts again within the same *policy year* [or if you or a *covered dependent* has been covered both as an employee and a dependent]. Benefits paid for Type I Dental Services [and Type IV Dental Services] will not be applied to the Policy Year Maximum.

2. The Benefit Maximums section of the Schedule of Insurance is modified to read: .

Benefit Maximums:	[PPO Plan] [(In-Network Plan)]	[Non-PPO Plan] [(Out-of-Network Plan)]
<i>Policy Year Maximum:</i>	[\$1,000]	[\$1,000]
[Overall Benefit Maximums:]		
[Type IV Dental Services:]	[\$1,000]	[\$1,000]

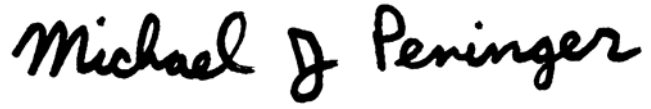
[Amounts applied to the benefit maximums will apply to both the PPO Plan and Non-PPO Plan maximums.]

Covered dental expenses incurred for Type I [In-Network or Out-of-Network] Dental Services will not be applied to the Policy Year Maximum.

UNION SECURITY INSURANCE COMPANY



Assistant Secretary



Executive Vice-President

Attest:

Registrar

Signed at _____

Date _____

Witness _____

Accepted _____

(signature and title)

**ENDORSEMENTS [AND AMENDMENTS
(to be attached to the Certificate)]**

[Policy Number: G 0000]

Policyholder: The ABC Company

Amendment #1: Effective July 1, 2009, the *policy* is amended as follows:]

1. The Individual Policy Year Maximum provision as it appears in the DENTAL INSURANCE pages is modified to read:

Individual Policy Year Maximum

If you have no *covered* dependents, the Individual Policy Year Maximum shown in the Schedule is the maximum benefit payable to you during a *policy year*. This maximum will apply even if your coverage ends and starts again within the same *policy year* or if you have been covered both as an employee and a dependent. Any amounts paid to you under the Family Share Maximum will be applied to the Individual Policy Year Maximum benefit if you terminate your *covered dependents* under this *policy* within the same *policy year*. Benefits paid for Type I Dental Services [and Type IV Dental Services] will not be applied to the Individual Policy Year Maximum.

2. The Family Share Maximum provision as it appears in the DENTAL INSURANCE pages is modified to read:

Family Share Maximum



If you have one or more *covered dependents*, the Family Share Maximum will apply to your *family unit*. The Family Share Policy Year Maximum shown in the Schedule is the maximum benefit payable to your *family unit* either as an individual or as a combined *family unit* during a *policy year*. Once the Family Share Maximum benefit has been paid during a *policy year* to an individual or any combination of the *family unit*, there will be no further benefits payable for covered dental expenses incurred by any person in your *family unit* for the remainder of that *policy year*. Any amounts paid under this *policy* will be applied to this maximum even if coverage for you or a *covered dependent* ends and starts again under the *policy* within the same *policy year* or if you or a *covered dependent* have been covered both as an employee and a dependent. Any amounts paid under the Individual Policy Year Maximum or the Family Share Maximum will be applied to the Family Share Maximum if you add or terminate one or more *covered dependents* to or from this *policy* or change from the Individual Policy Year Maximum to the Family Share Maximum within the same *policy year*. Benefits paid for Type I Dental Services [and Type IV Dental Services] will not be applied to the Family Share Maximum benefit.

3. The Benefit Maximums section of the Schedule of Insurance is modified to read:

Benefit Maximums:	[PPO Plan] [(In-Network Plan)]	[Non-PPO Plan] [(Out-of-Network Plan)]
Individual <i>Policy Year</i> Maximum:	[\$1,000]	[\$1,000]
Family Share <i>Policy Year</i> Maximums:		
Level of Coverage Elected:		
[Employee and one dependent:]	[\$2,000]	[\$2,000]
[Employee and two [or more] dependents:]	[\$2,500]	[\$2,500]
[Employee and three or more dependents:]	[\$3,000]	[\$3,000]
[Overall Benefit Maximums:]		
[Type IV Dental Services:]	[\$1,000]	[\$1,000]

[Amounts applied to the benefit maximums will apply to both the PPO Plan and Non-PPO Plan maximums.]

Covered dental expenses incurred for Type I [In-Network or Out-of-Network] Dental Services will not be applied to the Individual Policy Year Maximum and Family Share Policy Year Maximums.

<div>UNION SECURITY INSURANCE COMPANY</div> <div> Assistant Secretary</div> <div> Executive Vice-President</div> <div>Attest:</div> <div>Registrar</div>	
Signed at _____	Accepted _____
Date _____	_____
Witness _____	_____
	(signature and title)

<i>SERFF Tracking Number:</i>	<i>ASWX-126179106</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>42589</i>
<i>Company Tracking Number:</i>	<i>DNAR00988U1F01</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Indemnity Dental</i>		
<i>Project Name/Number:</i>	<i>Group Indemnity Dental/DN AR00988U1F01</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ASWX-126179106</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>42589</i>
<i>Company Tracking Number:</i>	<i>DNAR00988UIF01</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Indemnity Dental</i>		
<i>Project Name/Number:</i>	<i>Group Indemnity Dental/DN AR00988UIF01</i>		

Supporting Document Schedules

Satisfied -Name:	Flesch Certification	Review Status:	Approved-Closed	06/09/2009
Comments:				
Attachment:				
	AR - READABILITY CERTIFICATION.PDF			

Bypassed -Name:	Application	Review Status:	Approved-Closed	06/09/2009
Bypass Reason:	n/a			
Comments:				

Satisfied -Name:	Cover Letter	Review Status:	Approved-Closed	06/09/2009
Comments:				
Attachment:				
	Cover Letter.PDF			


STATE OF ARKANSAS

READABILITY CERTIFICATION

COMPANY NAME: Union Security Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
PC-DEN-282	62
PC-DEN-283	51.77
PC-DEN-284	58.82
PC-DEN-285	52

Signed: 
Name: Julia Hix-Royer
Title: Vice President
Date: 06/05/2009



ASSURANT
Employee
Benefits

**Union Security
Insurance Company**
2323 Grand Blvd.
Kansas City,
Missouri
64108-2670

June 5, 2009

Hon. Jay Bradford
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904
Attention: Compliance Division - Life & Health

Dear Commissioner Bradford:

We enclose for filing the group insurance forms described below. These are new forms and are not intended to replace any forms previously filed.

Form Number	Description
PC-DEN-282	Group Policy-Certificate endorsement form for use with Group Policy Form GP-90 and Group Certificate Form GC-90. This form modifies Form DENTAL 94, previously approved by your Department to be used with GP-90 and GC-90.
PC-DEN-283	Group Policy-Certificate endorsement form for use with Group Policy Form GP-90 and Group Certificate Form GC-90. This form modifies Form DENTAL 94, previously approved by your Department to be used with GP-90 and GC-90.
PC-DEN-284	Group Policy-Certificate endorsement form for use with Group Policy Form GP-90 and Group Certificate Form GC-90. This form modifies Form DENTAL V2, previously

Products and services marketed by Assurant Employee Benefits are underwritten and/or provided by Union Security Insurance Company.

approved by your Department to be used with GP-90 and GC-90.

PC-DEN-285

Group Policy-Certificate endorsement form for use with Group Policy Form GP-90 and Group Certificate Form GC-90. This form modifies Form DENTAL V2, previously approved by your Department to be used with GP-90 and GC-90.

These forms will be used to provide a new optional benefit called the "Preventive Maximum Waiver" under our group indemnity dental plans. If the group policyholder elects the Preventive Maximum Waiver, benefits paid for Preventive Dental Services will not be applied to the any of the annual maximums under the plan.

Please note that for new issues and reissues, the language from Forms PC-DEN-282 and PC-DEN- 283 will be incorporated into form DENTAL 94, and the language from Forms PC-DEN-284 and PC-DEN-285 will be incorporated into form DENTAL V2. The form numbers will reflect this incorporation.

We trust that you will find everything in order and look forward to your response. If you have any questions regarding this submission, please contact me at the e-mail address or phone number provided below.

Sincerely,

Angie Gilsinn
Group Contract Analyst
T. 816.556.7651
F. 816.881.8755
E-mail address: Angie.Gilsinn@assurant.com